DEC 1 0 2001

BIOPLATE, INC. 6911 Melrose Ave. Los Angeles, California 90038 Tel: (323) 549-9500, FAX: (323) 935-0110

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Summary of Safety and Effectiveness

Submitter's name, address, telephone number and contact person:

Bioplate, Inc. 6911 Melrose Avenue Los Angeles, CA 90038 (323) 549-9500 (323) 935-0110 (fax)

Contact Person:

Carol E. Jones

Trade Name of Device

The Bioplate® ZIP™ Craniotomy Fixation System

Common name

Plate, Cranioplasty, Preformed, Non-Alterable

Classification name

Plate, Cranioplasty, Preformed, Non-Alterable

Device Classification

84GXN (21CFR - 882.5330)

Predicate Devices

- (1) Stryker Instruments Leibinger Quik Disk K993990
- (2) Synthes (USA)
 Synthes Cranial Flap Twist Clamp
 K991860
- (3) Synthes (USA)
 Synthes Cranial Flap Tube Clamp
 K992000
- (4) Walter Lorenz Surgical Rapidflap Cranial Clamp K991029

(5) Ikonos Corp. Sevrain Cranial Clamp K971252

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- (6) Ikonos Corp. Sevrain Cranial Clamp SCC-200 Series K971408
- (7) Aesculap, Inc. Aesculap Craniofix Titanium Clamp System K972332

Description of the device

The Bioplate® ZIPTM Craniotomy Fixation System consists of two circular disks, in a parallel configuration, that are connected by an internal, serrated post. The devices will be available in several sizes with disk diameters in the range of 10mm to 18mm to be used for varying cranial closure techniques. The implant devices will be manufactured from 6Al4V titanium alloy material.

Intended used of the device

The Bioplate® ZIPTM Craniotomy Fixation System is intended to reattach a cranial bone flap to the surrounding cranium after a craniotomy procedure. Each device is intended for single use only and only in conjunction with other titanium and titanium alloy implants.

Comparison of the devices' technological characteristics with those of predicate devices

The Bioplate® ZIP™ Craniotomy Fixation System has the same indications for use as the predicate devices marketed by Bioplate, Inc. Synthes (USA), Stryker Instruments, Walter Lorenz Surgical, and Aesculap, Inc. All of the technical characteristics of The Bioplate® ZIP™ Craniotomy Fixation System are substantially equivalent to the corresponding characteristics of the predicate devices, and any minor differences raise no new issues of safety and efficacy.





Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Carol E. Jones
Bioplate, Inc.
6911 Melrose Avenue
Los Angeles, California 90038

Re: K013050

Trade/Device Name: The Bioplate® ZIP™ Craniotomy Fixation System

Regulation Number: 21 CFR 882.5330

Regulation Name: Preformed nonalterable cranioplasty plate

Regulatory Class: Class II Product Code: GXN

Dated: September 11, 2001 Received: September 11, 2001

Dear Ms. Jones:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 – Ms. Jones

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html.

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Susan Walker,

Director

Divison of General, Restorative and Neurological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

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APPLICANT:

Bioplate Inc.

510(k) NUMBER: (if known): 1013050

DEVICE NAME: Bioplate® ZIP™ Craniotomy Fixation System

INDICATIONS FOR USE:

The Bioplate® ZIP™ Craniotomy Fixation System is intended to reattach a cranial bone flap to the surrounding cranium after a craniotomy procedure. The device is used to align and stabilized bony tissue while normal healing occurs. Each device is intended for single use only and may be combined only with other titanium and titanium alloy implants.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED.)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use_

(Per 21 CFR 801.109)

OR

Over-The-Counter-

(Optional Format 1-2-96)

(Division Sign-Off)

Division of General, Restorative and Neurological Devices

510(k) Number_